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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/520,435			ing Date 08/2000	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
FOR			NUMBER FI	LED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E (p) to	N/A		N/A		N/A			N/A		
(37	FAL CLAIMS CFR 1.16(i))		minus 20 = *]	x \$ =		OR	x \$ =		
	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 = *			l	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	If the specification and drawings exce sheets of paper, the application size f is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereo 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.									
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL]	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAI (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT												
AMENDMENT	03/29/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 20	Minus	·· 46	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	• 4	Minus	 6	= 0]	x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16())	*	Minus	**	-]	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=	ı	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))					ı	ldash					
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))						TOTAL		OR			
									OR	TOTAL ADD'L FEE		
** 11	"If the othry in column 1 is less than the entry in column 2, write "o" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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